

# BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. <b>09/937550</b>	FILING DATE				
							APPLICANT(S)					
CLAIMS												
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		
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TOTAL IND.	1		1		1							
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TOTAL CLAIMS	21		21		14							

\* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS